

EMPLOYEE NAME:		SIGNED:	
DATE COVERED:		SUBMISSION DATE:	

I hereby confirm that I have incurred the below expenses wholly and exclusively in connection with my employment and I have authority to claim for these purchases on behalf of the business. I confirm that the below is an accurate summary of my business expenditure and that I have provided valid receipts to confirm the expense. I acknowledge that where appropriate receipts or explanations are not provided then these expenses will not be reimbursed until such receipts are validated.

CLAIM	CATEGORY	DETAILS	START POSTCODE	END POSTCODE	TOTAL MILES	VEHICLE TYPE	RATE	TOTAL	VAT	RECEIPT ATTACHED?	IF NO RECEIPT EXPLAIN WHY

OFFICE USE ONLY					
SAGE CODE	CATEGORY	GROSS	VAT	NET	SAGE VAT CODE

EXPENSES APPROVED BY:	
EXPENSES ENTERED INTO SAGE:	